

Vendor Remit to: OTICON, INC OTICON INC

PO BOX 6724

SOMERSET NY 08875-6724

Name and Address of Vendor:

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OTICON, INC. OTICON INC PO BOX 6724

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Requisition Nbr.:

Hearing Aid Devices & Services

Effective Date: Expiration Date: 12/02/2011 12/14/2013

Agency Number:

Facility: Vendor ID: ASA-RFP-11-17

0000191604

Vendor Telephone Nbr: Name Of Contact Pers:

FAX Number:

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

Line Number Quantity

UNIT

Article and Description

Unit Price

This is an award of a Quantity Purchase Agreement for Hearing Aid Devices and Services. This QPA is being issued solely to provide a payment and tracking method.

.Instructions for account set-up and ordering information:

- 1. Hearing Devices must be approved through the FSSA Vocational Rehabilitation Division or other State Agency once proper need has been determined.
- Vendor will maintain an online ordering system that only allows the Vocational Rehabilitation Counselor or designated Agency Director access to edit or cancel orders.
- Contractor will maintain an Online Ordering System that includes the following:
 - a. Orders Equipment
 - b. Tracks Equipment
 - Accepts E-Mailed Orders (for BTE and RIC devices only) C.
 - Provides E-Mail confirmations when order is received by the Counselor
- * E-mail confirmations shall include a distinctive number to be used to link impressions sent by the audiologist to the counselor's order.

0.00 EA Hearing Aid Devices & Services

0.0000

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

Each

Signature of Purchasing Officer

Typed Name

Date Signed

Katherine L. Harrington, CPPB

12-06-11

Office Of the State Attorney General Typed Name

Signature Of Approval

Gregory F. Zoeller

therine of

Indiana Department Of Administration **Procurement Division**

402 West Washington Street, Rm W468 Indianapolis, Indiana 46204

Telephone: (317) 232-3150